

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

18654345

11/4/05

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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17	1		1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	0		0			
TOTAL CLAIMS	1		1			

	IND	DEP	IND	DEP	IND	DEP
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100						
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TOTAL DEP.						
TOTAL CLAIMS						